

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



September 8, 2003

ALL COUNTY LETTER NO. 03-42

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY INDEPENDENT LIVING
PROGRAM COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: INDEPENDENT LIVING PROGRAM (ILP) ANNUAL STATISTICAL
REPORT [SOC 405A (10/03)] AND 2003 INDEPENDENT LIVING
PROGRAM ANNUAL NARRATIVE REPORT AND PLAN

This letter contains two reminders to counties: 1) the Independent Living Program (ILP) Annual Statistical Report (SOC 405A), for Federal Fiscal Year 2003 (October 1, 2002 - September 30, 2003) is to be completed and submitted to the California Department of Social Services (CDSS), Data Systems and Survey Design Bureau, by November 15, 2003; and 2) the 2003 Independent Living Program Annual Narrative Report and Plan is to be completed and submitted to the CDSS, ILP Policy Unit by December 30, 2003.

This letter contains the latest versions of both the SOC 405A and the 2003 Narrative Report and Plan.

Independent Living Program (ILP) Annual Statistical Report (SOC 405A)

The SOC 405A information is used by the CDSS for inclusion in the federal Title IV-E Annual Needs and Services Report. This year the report form and instructions have been revised to collect information regarding: 1) youths who participated in the Supportive Transitional Emancipation Program (STEP); 2) youths who were placed in a Transitional Housing Placement Program (THPP); and 3) youths who did not emancipate into safe and affordable housing.

Enclosed are copies of the revised SOC 405A form and instructions for its completion. The form and the instructions are also available on the CDSS, Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>.

This report continues to be due the 15th of November each year. The SOC 405A for Federal Fiscal Year 2003 (October 1, 2002 – September 30, 2003) is **due** on or before **November 15, 2003**. Please mail or fax it to:

**California Department of Social Services
Data Systems and Survey Design Bureau, MS 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074**

If you have any questions about the SOC 405A report, please call the Data Systems and Survey Design Bureau (DSSDB) at (916) 651-8269. Program related questions should be directed to the Statewide ILP coordinators: Lindsay Farris at (916) 657-2135, lindsay.farris@dss.ca.gov, or Daniel Walker at (916) 657-3411, daniel.walker@dss.ca.gov.

Independent Living Program Annual Narrative Report and Plan

The 2003 Independent Living Program Annual Narrative Report and Plan complements the SOC 405A by providing the opportunity for counties to, in narrative form, clarify the numerical information provided on the SOC 405A, and requests additional numerical data in compliance with the Chafee Foster Care Independence Act of 1999 (Public Law 106-169) and Welfare and Institutions Code Section 16522.6. Additionally, the Narrative Report and Plan is the format within which counties describe their ILP plans in accordance with Assembly Bill 1979 (Chapter 271, Statutes of 2002).

Enclosed are copies of the 2003 Independent Living Plan (ILP) Annual Narrative Report format and Plan and instructions. The Children and Family Services Division will be sending an electronic copy of the report to County ILP coordinators to complete. The completed report must be e-mailed to susan.hance@dss.ca.gov by December 30, 2003. If you wish to provide a follow-up hard copy you may mail it to:

**California Department of Social Services
ILP Policy Unit Attention: Susan Hance
744 P Street, MS 14-71
Sacramento, California 95814**

If you have questions about the ILP Narrative Report and Plan, contact Susan Hance at (916) 653-6260. For ILP technical assistance, please contact the Statewide ILP coordinators: Lindsay Farris at (916) 657-2135, lindsay.farris@dss.ca.gov or Daniel Walker at (916) 657-3411, daniel.walker@dss.ca.gov.

***Original Document Signed By
Lois VanBeers on 9/8/03***

LOIS VANBEERS
Deputy Director
Research and Development Division

***Original Document Signed By
Sylvia Pizzini on 9/5/03***

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Enclosures

**Independent Living Program (ILP)
Annual Statistical Report
Federal Fiscal Year
October 1 through September 30**

SEND ONE COPY OF THIS REPORT TO:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

COUNTY NAME	REPORT PERIOD October 1, 2002 - September 30, 2003
Part A. Youths Served and Client Characteristics	
1. Youths to whom ILP services were offered during the year.....	1
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22. Youths who transitioned into other government assisted services.....	30
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CONTACT PERSON (Print)	TELEPHONE ()
TITLE/CLASSIFICATION	FAX ()
DATE COMPLETED	

**INDEPENDENT LIVING PROGRAM (ILP)
ANNUAL STATISTICAL REPORT
FEDERAL FISCAL YEAR
OCTOBER 1 THROUGH SEPTEMBER 30
SOC 405A (10/03)**

INSTRUCTIONS

CONTENT

The annual SOC 405A report contains statistical information on youths, age 16 through 21, that receive services from the Independent Living Program (ILP) during a federal fiscal year (October through September). It identifies the number of youths receiving ILP services, the Program outcomes for those youths, and certain client characteristics.

PURPOSE

The purpose of this report is to meet the reporting requirements specified by the U.S. Department of Health and Human Services in Public Law 100-647.

This report also provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

DUE DATE AND CONTACT

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before November 15th each year. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

Report data and the report's form and instructions are available on the California Department of Social Services, Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

If you have questions regarding this report, contact Data Systems and Survey Design Bureau at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter the county name in the box provided near the top of the form. If the reporting period is not pre-printed in the Report Period box, enter the federal fiscal year which this report covers.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

ITEM INSTRUCTIONS**Part A. Youths Served and Client Characteristics**

This part collects information on foster youths, age 16 through 20, to whom ILP services have been offered, with further detail on those who received ILP services.

1. Youths to whom ILP services were offered during the year: Enter the number of youths to whom a component of ILP services was offered by the county during the year. Include in this item those youths that had been determined by the county to be eligible for services but who declined services when offered. A mass mailing of general information to prospective participants is not considered services offered. *[Cell 1]*
2. Youths who received ILP services during the year (Items 2a plus 2b): Enter the number of youths who participated in ILP services provided by the county during the year. Count each youth only once for the year, regardless of the number of services that he/she received. Youths who were placed in your county (out-of-county placements) for ILP services may be included in the count. Both the sending county and the receiving county may count the same individual in their respective reports if the counties either provided an ILP service or conducted a needs assessment. (Sum of Items 2a and 2b). *[Cell 2]*
 - a. Youths who are not married: Of the total number of youths who received ILP services reported in Item 2, enter the number of youths who are single. *[Cell 3]*
 - b. Youths who are married: Of the total number of youths who received ILP services reported in Item 2, enter the number who are married. *[Cell 4]*
3. Youths who received ILP services and are parents (Items 3a plus 3b): Enter the number of youths who are parents. (Sum of 3a and 3b). *[Cell 5]*
 - a. Youths who are fathers: Of the total number of youths who received ILP services reported in Item 3, enter the number who are fathers. *[Cell 6]*
 - b. Youths who are mothers: Of the total number of youths who received ILP services reported in Item 3, enter the number who are mothers. *[Cell 7]*
4. Youths who received ILP services and have special needs (educational, mental and/or physical): Enter the number of youths who have special needs which are educational, medical, mental and/or physical in nature and constitute a significant impediment toward transitional planning, as compared to other youths eligible for ILP services. *[Cell 8]*
5. Youths who received ILP services and are no longer in foster care (ages 18 - 20): Enter the number of youths, ages 18-20, and no longer in foster care, who received ILP services during the year. *[Cell 9]*
6. Youths who received ILP services during the six month period following exit from foster care: Of those youths reported in Item 2, enter the number of youths who received services during the six month period following exit from the foster care system. Exit is defined as the point in time when a youth becomes ineligible for foster care or when he/she is emancipated. This category includes those youths that have returned home and are in the Family Maintenance Program and/or those youths whose Family Reunification service plans have been successful in that they were returned home and their Child Welfare Services cases were closed. *[Cell 10]*
7. Youths in the Probation Department who received ILP services: Enter the number of youths in the Probation Department who received ILP services. *[Cell 11]*

ITEM INSTRUCTIONS CONTINUED

8. Youths in the County Welfare Department (CWD) who received ILP services: Enter the number of youths in the CWD who received ILP services. [Cell 12]

Part B. Program Outcome/Client Progress**Clients identified during FFY 2003 who received follow-up by September 30, 2003**

This part collects information on program outcome/client progress. ILP results are measured by the status of participant achievement 90 days after completion of all services to be provided, or after completion of a component of services, which can lead to a measurable program outcome. Therefore, program outcome/client progress should be reported only for those youths for whom a 90 day follow-up report has been completed by September 30, 2003. An individual may have more than one program outcome or client progress report. The county having jurisdiction for the youth is responsible for identifying and reporting the program outcome/client progress on the SOC 405A.

9. Youths who completed ILP services or a component of services: Enter the total number of youths who completed ILP services or a component of services during the FFY. [Cell 13]

OF THE TOTAL NUMBER OF YOUTHS SPECIFIED IN ITEM 9, REPORT THE INFORMATION REQUESTED IN ITEMS 10 THROUGH 26. Numbers in each of Items 10 through 26 must be less than or equal to the total in Item 9.

10. Youths who are continuing to receive ILP services: Enter services such as vocational training, scholarships, ILP workshops, etc. [Cell 14]
11. Youths who completed high school/GED or adult education: Enter the number of youths who completed high school/GED or adult education during the year. [Cell 15]
12. Youths continuing and/or currently enrolled in high school/GED or adult education: Enter the number of youths who are continuing and/or currently enrolled in high school/GED or adult education. [Cell 16]
13. Youths who have completed vocational or on-the-job training: Enter the number of youths who completed vocational or on-the-job training. [Cell 17]
14. Youths continuing and/or currently enrolled in vocational education or on-the-job training: Enter the number of youths who are continuing and/or currently enrolled in vocational education or on-the-job training. [Cell 18]
15. Youths enrolled in college (Items 15a plus 15b): Enter the number of youths enrolled in college. (Sum of 15a and 15b). [Cell 19]
- a. Youths in community college: Of the total number of youths reported in Item 15, enter the number of youths enrolled in a community college. [Cell 20]
- b. Youths in four-year university: Of the total number of youths reported in Item 15, enter the number of youths enrolled in a four-year university. [Cell 21]
16. Youths who obtained employment (Items 16a plus 16b): Enter the number of youths who obtained either full-time or part-time employment. If the youth has one or more full-time jobs during the year, count once in the full-time category, 16a. If the youth has one or more part-time jobs during the year, count once in the part-time category, 16b. If the youth has one or more full-time jobs and one or more part-time jobs during the year, whether concurrently or sequentially, count once in each

ITEM INSTRUCTIONS CONTINUED

category. Full-time equals 35 or more hours per week. Part-time equals less than 35 hours per week. Provide the breakout of full-time and part-time employment in Items 16a and 16b. (Sum of 16a plus 16b). [Cell 22]

- a. Youths who obtained full-time employment: Enter the number of youths who obtained full-time employment. [Cell 23]
- b. Youths who obtained part-time employment: Enter the number of youths who obtained part-time employment. [Cell 24]
17. Youths enlisted in military, Job Corps, or California Conservation Corps: Enter the number of youths who are military, Job Corps, or California Conservation Corps enlistees. [Cell 25]
18. Youths actively seeking employment: Enter the number of youths who are actively seeking employment. [Cell 26]
19. Youths determined unemployable, SSI eligible, or other similar special category: Enter the number of youths determined unemployable, SSI eligible, or other similar category. [Cell 27]
20. Youths who are living independently of agency maintenance programs: Enter the number of youths who are living independently of agency maintenance programs (i.e. Temporary Assistance for Needy Families, General Assistance, Food Stamps, etc.). [Cell 28]
21. Youths who obtained subsidized housing: Enter the number of youths who obtained subsidized housing such as Homeless Youth Program, psychiatric/treatment facility. [Cell 29]
22. Youths who transitioned into other government assisted services: Enter the number of youths who transitioned into other government assisted services. [Cell 30]
23. Youths who participated in the Supportive Transitional Emancipation Program (STEP): Enter the number of youths who participated in the STEP. [Cell 31]
24. Youths who were placed in a transitional housing placement program (Items 24a plus 24b plus 24c): Enter the number of youths who lived in either a supervised, transitional housing placement program facility or in a certified, transitional housing program for emancipated foster youth facility. (Sum of 24a, 24b and 24c). [Cell 32]
 - a. Youths who participated in a supervised, Transitional Housing Placement Program (THPP) (youth ages 16-18): Of the number of youths reported in Item 24, enter the number of youths who lived in a supervised, THPP facility (youths ages 16-18). [Cell 33]
 - b. STEP youths who participated in a certified, Transitional Housing Program-Plus (THP-Plus) (youth ages 18-21): Of the number of STEP youths reported in Item 24, enter the number of youths who lived in a certified, THP-Plus facility (youths ages 18-21). [Cell 34]
 - c. Non-Supportive Transitional Emancipation Program (non-STEP) youths who participated in a certified, THP-Plus Program (youth ages 18-21): Of the number of non-STEP youths reported in Item 24, enter the number of youths who lived in a certified, THP-Plus facility (youths ages 18-21). [Cell 35]
25. Youths who did not emancipate into safe and affordable housing: Enter the number of youths who did not emancipate into safe and affordable housing. [Cell 36]

ITEM INSTRUCTIONS CONTINUED

26. Youths for whom no information could be obtained: Report the number of youths for whom no information could be obtained or whose whereabouts are unknown. [Cell 37]

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the county determines necessary.

2003 INDEPENDENT LIVING PROGRAM ANNUAL NARRATIVE REPORT AND PLAN

This report and plan was prepared at the request
of the California Department of Social Services
Independent Living Program Policy Unit
Child and Youth Permanency Branch

by

County

Date

INSTRUCTIONS

This report requests information regarding your county's Independent Living Program (ILP) and Transitional Housing Placement Program (THPP) for the Federal Fiscal Year (FFY) 2003. County staff is responsible for the provision of information being requested. When completing this report it is advisable that county program and fiscal staff work closely with County Independent Living Program (ILP) coordinators and county probation to make certain accurate information is provided. Please ensure that each question is answered completely and the completed report be e-mailed to the California Department of Social Services (CDSS) at the address below no later than close of business on **December 30, 2003**.

In accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Program Instruction ACYF-CB-PI-01-02 requirements, the information you provide is included in California's Title IV-E Annual Progress and Services Report.

The report may be e-mailed to Susan.Hance@dss.ca.gov. If you wish to provide a follow-up hard copy you may mail it to: California Department of Social Services, ILP Policy Unit, Attention: Susan Hance, 744 P Street, M.S. 14-71, Sacramento, California 95814.

For technical assistance regarding this report, please contact the CDSS statewide ILP coordinators: Lindsay Farris at (916) 657-2135, lindsay.farris@dss.ca.gov, or Daniel Walker at (916) 657-3411, daniel.walker@dss.ca.gov.

If you would like to receive the instructions and report as a fill-in Microsoft (MS) Word document please contact Susan Hance at Susan.Hance@dss.ca.gov.

This report is divided into three sections:

- Narrative
- Budget Expenditures
- Statistical Information

Please answer the questions contained in each section as thoroughly as possible. If you require more space to answer these questions you may submit additional sheets as an addendum or utilize the MS Word version of this report.

DEFINITIONS

Contracted Services: Services provided based on a written agreement between a county and another entity (governmental or non-governmental).

Eligible Foster/Probation Youth: For the purposes of this report, Eligible Foster/Probation Youth shall include Child Welfare and Foster/Probation Youth for which your county has jurisdiction, under Welfare and Institutions Code Section 300 or 600 et. seq., whether residing in-county or placed out-of-county.

Aftercare Services: Those support services for emancipated youth that have not yet attained 21 years of age, which include but are not limited to, education assistance and counseling, job placement and retention training, vocational training, crisis counseling, legal assistance, housing assistance, emergency assistance, and any other service/activity directly related to aftercare for the foster/probation youth.

Emancipated Youth: Emancipated youth, for the purposes of this report, are former foster/probation youth that were in care after age 16.

Emancipated Youth Stipend: Are 100 percent State General Fund and are a separate source of funds from a county's ILP allocation. Emancipated Youth Stipend are used to address the special needs of emancipated foster/probation youth. Any Emancipated Youth Stipend expenditures paid in excess of a county's Emancipated Youth Stipend allocation will be a county-only cost.

Federal Fiscal Year (FFY): FFY beginning on October 1, and ending on September 30.

Health: Health-related activities/services/classes for foster/probation youth in ILP or emancipated youth receiving aftercare. Health-related activities/services/classes include health insurance, medical emergencies, home health and safety management, nutrition, family planning, parenting skills, sexuality and sexual behavior, drug/alcohol/smoking use, prenatal drug/alcohol exposure, eating disorders, hygiene and personal care, and any other activities/services/classes directly related to the health of the foster/probation youth.

ILP Activities: Utilization of the Transitional Independent Living Plan (TILP) goals, such as assistance in obtaining a high school diploma and pursuing post secondary education, career exploration, employment development, vocational training, job placement and retention, daily living skills, including financial management and budgeting, consumer and resource use, self development and survival skills, preventive health and safety activities including substance abuse, pregnancy prevention, nutrition, smoking prevention and/or cessation, personal and emotional support through counseling and mentors, transitional housing experiences including the Transitional Housing Placement Program (THPP) and household management training.

Incentives: Reasonable rewards, as documented in the TILP, utilized to motivate youth to participate in and successfully complete independent living training.

Room & Board: Food purchases; payment of rental deposits and/or utility deposits; payment of rent and/or utility bills; emergency assistance (a county's interpretation) for eligible emancipated youth, who are at least 18 years of age, but have not yet attained 21 years of age.

A county may spend less than, but cannot exceed, 30 percent of the total of their ILP allocation for the room and board needs.

Transitional Independent Living Plan (TILP): Refers to the TILP in the Child Welfare Services Case Management Services (CWS/CMS) application, which is the required emancipation preparation document described in Manual of Policies and Procedures (MPP) Division 31.206.37 and 31.525 that describes the specific skills acquired and needed by foster/probation youth in order to transition successfully.

Transportation Assistance: Any and/or all transportation costs associated with ILP. Costs may include but are not limited to, transporting children to and from court proceedings, medical appointments/services, sibling visitation, or costs directly related to work, training, or education.

Transitional Housing Placement Program (THPP): For the purpose of this report THPP is defined as a CDSS Community Care Licensing Division licensed foster care facility type as described in Welfare and Institutions Code Section 16522 et. seq... which provides real-life independent living experiences for foster/probation youth who are ILP participants and 17 but not more than 18 years old unless the requirements of W&IC section 11403 are met.

Work-Related Activities/Expense: Work and training-related costs incurred by the ILP participants. Costs may include but are not limited to, work uniforms, training, tools, books and union dues.

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Independent Living Program Annual Report and Plan, Federal Fiscal Year (FFY) 2003¹

Report Information

Name of County: _____

County personnel responsible for this report:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of person(s) completing the Narrative:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of person (s) completing the Budget Expenditures:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Manager/Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

¹ FFY 2003 (October 1, 2002-September 30, 2003)
ILP Annual Narrative Report and Plan, FFY 2003

Name of ILP Aftercare Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of County Transitional Housing Placement Program (THPP) Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Coordinator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of Probation Officer:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

NARRATIVE

Part I – ILP Description

A. ILP Description

1. How many foster/probation youth who were wards/dependents of your county were eligible for ILP participation during the fiscal year?
2. Describe the age groups your county ILP serves.
3. Describe how your ILP has been designed to help eligible foster/probation youth make the transition to self-sufficiency.
4. Describe how your program assures that the participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
5. Describe any ILP enhancements, new programs, protocols or services that resulted in greater quality of services and/or larger numbers of eligible foster/probation youth receiving ILP services over the past FY.

B. ILP Participant Assessment

1. What assessment tool(s) does your county utilize to assess the needs and strengths of each eligible foster/probation youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the assessments?

C. ILP Transitional Independent Living Plan (TILP) Implementation

1. Who implements the TILP?
2. When is the TILP implemented?
3. How is the TILP implemented?

4. Do you utilize the TILP in the CWS/CMS application?
Yes ☐, No ☐
- a) If no, why?
5. How often are TILPs updated and by whom?
6. How is information provided to the social worker/probation officer for updating and implementing the TILP?
7. When ILP services are determined not appropriate for the youth:
- a) How is this information incorporated into the case plan and the TILP?
- b) How often are re-determinations made for the appropriateness of services?
- c) How are the TILP goals achieved for non-ILP participants?
8. Did the county pass its last ILP compliance review report?
Yes ☐, No ☐
- a) If no, please attach a copy of the county ILP corrective action plan.

D. ILP Program Access

1. How do eligible foster/probation youth access ILP services?
2. Does your county have waiting lists for ILP participation, activities or services?
- a) If yes, describe each activity that has a waiting list, reason for the waiting list and efforts being taken to eliminate the wait.
3. How does your county assure equitable access to ILP services for all age appropriate eligible foster/probation youth?
4. How are youth that previously refused ILP services being encouraged to participate?

5. If the process for delivering and/or assessing the need for services is different based on the type of jurisdiction, type of placement or residence, describe each process.

E. ILP Services

1. Describe how you provide specific ILP services to assist eligible foster/probation youth to obtain educational or vocational goals. (Examples: high school, post high school, vocational training, etc.)
2. How do you provide specific ILP services for eligible foster/probation youth to teach career and employment development and job experiences? (Examples: referral to a One Stop Career Center, resume development, job search assistance, transportation needs, on the job experiences, job placement and retention, community service activities, apprenticeship, internship, computer/internet skills, etc.)
3. Describe specific ILP services provided to eligible foster/probation youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, consumer budgeting personal/social self-development skills, etc.)
4. Describe how ILP assists foster/probation youth to find a mentor. (Examples: collaboration with Americorp, Job Corp, etc.)
5. Describe ILP services provided to ILP foster/probation youth that assists them in meeting their transportation needs. (Example: Drivers' Education Training, auto repair, bus passes, etc.)
6. Describe ILP services, which provide eligible foster/probation youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, mental health referrals, nutrition education, and avoidance of incarceration.)
7. Do youth have a personal savings account (not including an ILP Savings Account)?
Yes ☐, No ☐
8. Do youth have an ILP Savings Account?
Yes ☐, No ☐

a) If no, why?
9. Describe how ILP collaborates with other organizations. (Examples: other county organizations, private nonprofits, foundations, associations, other State of California

Departments, community based organizations, private employers, faith based organizations, community colleges and/or universities.)

10. Regarding Native American youth in ILP:

- a) How many Native American youth 16 years to 21 years old are in foster/probation care in your county?
- b) Are these youth participating in ILP?
Yes ☐, No ☐
- c) Describe how your county's ILP collaborates with California Indian Tribes to ensure that Native American youth participate in ILP and that ILP services are culturally appropriate for them.

F. ILP Evaluation

1. How do you evaluate the effectiveness of your ILP?

G. Plans for ILP

1. What changes do you plan to make in FFY 2004² to enhance your ILP?

Part II – ILP Aftercare

A. ILP Aftercare Program Description

1. Describe your ILP aftercare program.
2. Does your ILP aftercare program include services for emancipated youth whose final dependency/ward-ship was of another county?
Yes ☐, No ☐

B. ILP Aftercare Assessment

1. What types of assessment tool(s) does your county utilize to assess the needs and strengths of emancipated youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.

² October 1, 2003-September 30, 2004
ILP Annual Narrative Report and Plan, FFY 2003

3. Who conducts the aftercare assessment?
4. Does your county utilize a transitional independent living plan for emancipated foster/probation youth?
Yes ☐, No ☐
Explain:

C. ILP Aftercare Access

1. Describe how emancipated youth access ILP aftercare services.
2. Describe your process for referring and verifying that eligibility has been determined for emancipated youth in the Former Foster Youth Medi-Cal Program.

D. ILP Aftercare Services

1. Describe how you provide ILP aftercare services to assist emancipated youth to obtain their educational or vocational goals. (Examples: high school, post high school, vocational training, etc.)
2. How do you provide specific ILP aftercare services for emancipated youth to teach career and employment development skills and job experiences? (Examples: referral to a One Stop Career Center, resume development, job search assistance, transportation needs, on-the-job experiences, job placement and retention, community services activities, apprenticeships, internships, computer/Internet skills, etc.)
3. Describe specific ILP aftercare services provided to emancipated youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, assistance with locating safe and affordable housing, consumer budgeting, interpersonal/social and self-development skills, etc.)
4. Describe how ILP assists emancipated youth to find a mentor. (Examples: collaboration with Americorp, Job Corp, etc.)
5. Describe ILP services provided to emancipated youth that would assist with transportation needs. (Examples: Drivers' education training, bus passes.)
6. Describe ILP services that provide emancipated youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, access

to the Former Foster Youth Medi-Cal Program, mental health referral, nutrition education, and avoidance of incarceration.)

7. Do your emancipated youth have personal savings accounts?

Yes ☐, No ☐

8. Does your county refer youth to the Social Security Administration for Social Security Insurance (SSI) benefits?

Yes ☐, No ☐

9. How does your county assist emancipated youth who are in need of basic necessities such as food?

10. Does your county have housing programs and/or services for emancipated youth?

Yes ☐, No ☐

a) If yes, describe those programs and/or services:

b) If no, describe how your county assists emancipated youth to find housing.

E. ILP Aftercare Evaluation

1. How do you evaluate the effectiveness of your ILP aftercare program?

F. Plans for ILP Aftercare

1. What changes do you plan to make in FFY 2004³ to enhance your aftercare program?

³ FFY 2004 (October 1, 2003-September 30, 2004)
ILP Annual Narrative Report and Plan, FFY 2003

FFY 2003 BUDGET EXPENDITURES

Part III – Independent Living Program Accounting of Funding Allocation

Name of County: _____

Total ILP Allocation _____

ILP Administration Expenditures (CDSS Program Code 182)

Administration (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Case Management (ILP)				
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Total Cost				

ILP Services Expenditures (CDSS Program Code 184)

Services (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Personnel Salaries (Include- position, classification, FTE, PTE)				
Education/Vocational Training				
Employment Training				
Daily Living Skills Training				
Mentoring				
Transportation				
Health and Safety Activities				
Total Cost				

Part IV – Emancipated Youth Stipend

Name of County: _____

Total EYS Allocation: _____

EYS Expenditures (CDSS Program Code 111)

Stipend Needs (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Transportation Assistance				
Work Activities Expense/ Non-Assistance				
Health Related – Non-Medical				
Cost Related to the Child(ren) Of the Emancipated Youth				
Housing Assistance Services				
Emancipated Youth Aftercare Services				
Total Cost				

STATISTICAL INFORMATION

If you answered "unknown", "do not track", "N/A" or similar responses to any question below, please attach a full explanation for each unanswered question and the plans for tracking this data.

Part V – Outcomes for Emancipated Foster Youth	
1. How many youth were discharged from foster/probation care during the reporting period?	1.
2. How many youth received aftercare services during the reporting period?	2.
3. How many youth in question 1. are counted in question 2.?	3.
4. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period: a. Were employed full-time? b. Were employed part-time? c. Were not employed? d. Were enrolled in school? e. Held a job, internship, etc. for at least 3 consecutive months?	4. a. b. c. d. e.
5. In addition to money acquired from employment, how many youth discharged from foster/probation care or receiving aftercare services during the reporting period: a. Received SSI funds? b. Received scholarship funds? c. Received stipend funds? d. Received TANF funds? e. Received support from family or spouse? f. Received Chafee room and board? g. Received other funds?	5. a. b. c. d. e. f. g.
6. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period: a. Had a personal savings account? b. Had an emancipation savings account?	6. a. b.
7. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported that they had experienced a period of time when they did not have enough money to buy food?	7.
8. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period: a. Lived with family members or relatives for at least 9 of the past 12 months? b. Lived in their own housing (by themselves, with a spouse or roommate, in supervised independent living, or in a college dormitory) for at least 9 of the past 12 months? c. Felt unsafe in their home or neighborhood while living in a. or b.?	8. a. b. c.
9. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported that they had had no place to sleep or slept in a shelter for at least one night during the reporting period?	9.

<p>10. How many youth discharged from foster/probation care or in receipt of aftercare services during or prior to the reporting period:</p> <p>a. Received a high school diploma?</p> <p>b. Received a General Equivalency Diploma (GED)?</p> <p>c. Received an Associate of Arts degree (AA)?</p> <p>d. Received a Bachelor of Arts degree (BA)?</p> <p>e. Received a vocational certificate or license?</p>	<p>10.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>
<p>11. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period:</p> <p>a. Were enrolled in high school?</p> <p>b. Enrolled in a post-high school vocational training program or college?</p> <p>c. Had all passing grades on their most recent report cards?</p>	<p>11.</p> <p>a.</p> <p>b.</p> <p>c.</p>
<p>12. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period reported at least one adult in the community that they could go to for:</p> <p>a. Emotional support?</p> <p>b. Job/school advice or guidance?</p>	<p>12.</p> <p>a.</p> <p>b.</p>
<p>13. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were known to have used illegal drugs during the reporting period?</p>	<p>13.</p>
<p>14. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were incarcerated during the reporting period?</p>	<p>14.</p>
<p>15. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period were parents?</p>	<p>15.</p>
<p>16. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period received their health/mental health records at the time of discharge from foster care?</p>	<p>16.</p>
<p>17. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period had health insurance during the entire reporting period?</p>	<p>17.</p>
<p>18. How many youth discharged from foster/probation care or receiving aftercare services during the reporting period who require ongoing medication for maintenance of physical or mental health, reported that they knew how to access resources to continue receiving their medications?</p>	<p>18.</p>

Part VI – Transitional Housing Placement Program (THPP)	
1. How many youth, for whom your county has jurisdiction, participated in THPP during the reporting period either in your county or in another county?	1.
2. Does your county have a Department approved THPP plan?	2.
3. How many licensed THPP providers are in your county? Attach a list that includes the name, address, phone, and e-mail address of each THPP provider in your county.	3.
4. How many THPP participants during the reporting period held a job, apprenticeship, etc. for at least 3 consecutive months?	4.
5. How many THPP participants during the reporting period: a. Were enrolled in high school? b. Received a high school diploma or GED?	5. a. b.
6. How many THPP participants during the reporting period were parents whose child/children lived with the participant?	6.
7. How many youth (former THPP participants) participated in THPP during: a. The 2001-2002 fiscal year? b. The 2000-2001 fiscal year?	7. a. b.
8. How many former THPP participants were enrolled in high school during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	8. a. b.
9. How many former THPP participants received a high school diploma or GED during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	9. a. b.
10. How many former THPP participants are enrolled in a post-high school vocational training program or college during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	10. a. b.
11. How many former THPP participants experienced homelessness during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	11. a. b.
12. How many former THPP participants were parents during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	12. a. b.
13. How many former THPP participants held a job, apprenticeship, internship, etc. for at least 3 consecutive months during the reporting period: a. Of the 2001-2002 fiscal year participants? b. Of the 2000-2001 fiscal year participants?	13. a. b.